1 munte
lived
Child

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH

Reg. Dist. No...

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Worcester		State Delaware
	City or town Stockton		County
	(If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution:		City or town Wilmington
	buteet address, nospital, or motitution.		(If outside city or town limits, write BERAL and give nearest town)
	Length of mother's stay in County 4 day S (How many years, or months, or days. SPECIFY WHICH)		Street No./2/7 W 7 5 7 (If RURAL give LOCATION)
	Name of child Baby girl allen	4.	Date of birth 7/30/47 19 Hour 2.45 A M.
5.	Sex female 6. Twin or triplet 20	7.	No. of weeks pregnancy. 24
	FATHER OF CHILD	A second	MOTHER OF CHILD
8.	Full name Rolf of allen	12.	Full maiden name Marie Toabelle Collown
9.		13.	Color. 14. Age at time of this birth 3 yrs.
11.	Usual occupation mechanic	15.	Usual occupation surge, graduate
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now de	ad ?	(c) How many other children were born dead?
	Did child die before labor? 20 During labor? 20		Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of Preus a ture	1	prematurity, asphyxia, etc., try to add cause thereof.
4.0	separation of placenta		(a) Fetal causes frematurity
19.	Labor: (a) Complications of	10	(b) Maternal causes them a fure separation
20.	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
	(b) State all operations, if any. how Yes or No)		on the date and hour above stated.
	(c) 2 and an operation of any		Signature Saul Colly
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
)	During operation?		Address Snow Hell Marylung
23.	(a) No Mura of (b) Bate thereof (Burial, cremation or removal)	25.	(a) aug 7 1947 (b) Mary M. Taylor
	(Burial cremation or removal) for fus (making (day) (year) (c) Cemetery or crematory for the formation of the formation of the first of the formation of the fo		(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director of with after-burff.		The above certificate has been examined by me.
_	(b) Address		Health Officer, per
	* See Instruction C on stub.		



correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

VS A15

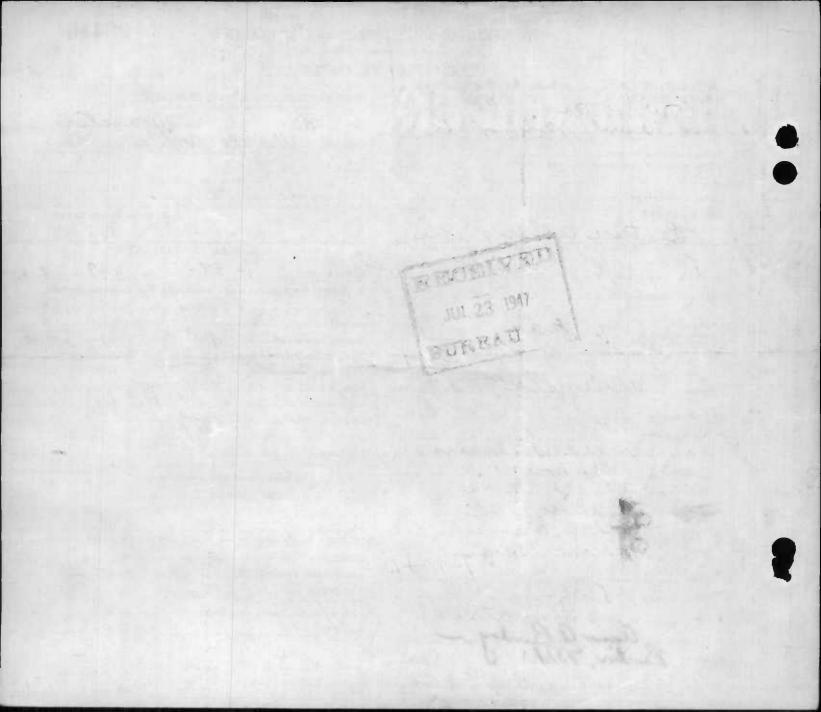
MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06440 Reg. Diet. No. 3.55

County. Which ster County or town. White Ster County or town. (If outside eity or town/mits, write RURAL and give nearest town) How long In above place of death? Hospital, Institution, or street address where death occurred:	State
3. (a) FULL NAME	3. (b) Social Security Number
Beatrice Esther Daves 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F Col Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 7- 18- 19-47, 21- 6- Au
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 19. to 19
9. Birthplace	Due to Cluberal humrhoge- Sum history: Karze ked Oue to Objectional Robert
12. Name Edward Williams 13. Birthplace Unknown	Other conditions
14. Maiden name Esther Davis 15. Birthplace Berlin Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Esther Davis Address Berlin Md.	Antopsy results
17. (Burial, cremation, or removal. Which?) Cemelery or crematory. Type (month) (day) (year)	Accident, suicide, or homicide
Location J. Germantown 18. Funeral director and P. Burling	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
Address Berlin, Md. 19. 7-18 19. 47 Helen & Haywa	B. SIGNATURE CH John M.D. D. S. H.O. M. D. or other M.D. or other



2411 N. Charles St., Baltimore

1310

06441

CERTIFICATE OF DEATH

Par Dist No 357

1. PLACE OF DEATH: County Cou		
State In Country or town Interest town) Box long is above place of death? Box long is been place of death? Size In beapful or institution, or street address where fight occurred: Box long is been place of death? Size In beapful or institution? 3. (a) Full Name Size In beapful or institution? 3. (b) Full Name Size In beapful or institution? 3. (c) If weleran, name war. 3. (d) Social Security Number Contract In the state of the state	141/010141	
to vise in above place of dealth. The long in heapfald or signification. 3. (a) FULL NAME 1. Set	W. Tarakta	Was to a land
Sinet Ro. Siret Ro.	(If outside city or town limits, write RURAL and give nearest town)	troa bland
Sirect Ro. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Hame of husband or wife. 8. (c) Hame, give age. 9. 11 feets than one day. 12. Birth date of deceased (no., day. yr.) 13. Birth date of deceased (no., day. yr.) 14. Mane. 15. Birth date of husband or wife. 16. Interment. 17. Whaten name. 18. Birth hister 19. Fueration of permanent withing mongles of death) 19. Fueration of country country. 19. Fueration of country	How long in above place of death?	(If outside city or town limits, writs RURAL and give nearest town)
Row long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (b) Social Security Number 4. Sex 5. Culter or race 6. (c) Single, married, widowed, or diswood 8. (d) Name of hosband or wife. 6. (d) I alive, give age. 7. Birth date of deceased (one, day, rx.) 8. AGE: Years Months 8. Burthplace 9. Bur		
3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Delor or race 6. (a) Single, married, widowed, or dispresed MEDICAL CERTIFICATION 20. DATE OF DEATH 18. 4 1 7 5 M 21. ICERTIFY that deplay accured on the data above stated; that it stands the data above stated; that it stands the deceased (mo., day, rr.) MEDICAL CERTIFICATION 20. DATE OF DEATH 19. 4 1 7 5 M 21. ICERTIFY that deplay accured on the data above stated; that it stands the data above stated; that it stand		h /
Second Second Companies (Second Companies) Seco		2.(a) If veteran, name war.
S. (6) Name of husband or wife. S. (6) Name of husband or wife. S. (6) It alive, gire age. T. Birth date of deceased (mo., day, yr.) S. AGE: Tears Months Days It less than one day Distribution of the date above stated; that it alive deceased from the date above stated from the date above state	3. (a) FULL NAME	3. (b) Social Security Number
8. (6) Name of husband or wife. Death of the little of the		
2. I. CERTIFY that deep noccurred on the date above stated: that is dended gleeceased from T. Birth date of deceased (mo., day, yr.) 8. AGE: Tears Months Days It less than one day Cover, country, and state) 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Malden name 15. Birthplace 16. Informant. Major findings of operations. Date of op. Autopay results. 11. CERTIFY that deep no courred on the date above stated: that is dended gleecased from 12. Industry or business 13. Birthplace Major findings of operations. Major findings of operations	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It jess than one day 9. Birthplace of deceased (mo., day, yr.) 10. Usual occupation. 11. Industry or business 12. Name. 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Birthplace 18. Funeral director. 19. Handle handle of deceased (mo., day, yr.) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Maiden name. 18. Funeral director. 19. Handle hand	male white married	20. DATE OF DEATH 21 27 19 47 at 7 45 M
T. Birth date of decessed (mo. day, rr.) March Days H less than one day Immediate clase of death Duration D	6.(b) Name of husband or wife Dettha Co Disharvon	
7. Birthplace (mo. day, yr.) 8. AGE: Vears Months 9. Birthplace (mo. day, yr.) 10. Usual occupation 11. Industry or business 12. 13. Birthplace 14. Maiden name 15. Maiden name 16. Informant (Months) 16. Informant (Months) 17. Industry or business 18. Interest (mo. day) 18. Industry or business 19. It (months) 10. Birthplace 11. Industry or business 11. Industry or business 12. Industry or business 13. Birthplace 14. Maiden name 15. Maiden name 16. Informant (Months) 17. Maiden name 18. Industry (months) 18. Industry (months) 19. Date of op. Address 19. Cometery or crematory 19. Cometery 19.	B.(c) If alive, pive age 69 years	19.4 10 19.4
S. AGE: Years Mooms Days It less than one day S. AGE: Years Mooms Days It less than one day S. AGE: Years Mooms Days It less than one day S. AGE: Years Mooms Days It less than one day S. AGE: Years Mooms Days It less than one day S. AGE: Years Mooms Days It less than one day S. AGE: Years Mooms Days It less than one day S. Birthplace	7. Birth date of	
9. Birthplace		Immediate chase of death DURATION
10. Usual occupation. 11. Industry or business 12. Name	41 11 111	acust Jacob Carry
10. Usual occupation. 11. Industry or business 12. Name	answeller Warreter mo	The nextusing Cardovoscular
Due to 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Management of the state of t	11-10	Therest duesage 15475
12. Name	10. Usuat occupation	Due to Servilly
14. Malden name 14. Malden name 15. Birthplace 16. Informant 16. Inf	11. Industry or business	
14. Malden name 14. Malden name 15. Birthplace 16. Informant 16. Inf	E 12. Name Slvin Hishardon	Other conditions as Amadia glassal 15 483
14. Maiden name 15. Birthplace 16. Informant Male College Co		aut Japtilles 2 loap
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at work? 18. Funerat director. Address 23. SIGNATURE. 23. SIGNATURE. M. D. or other	# 14. Maiden name Delley Malls	
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at work? 18. Funerat director. Address 23. SIGNATURE. 23. SIGNATURE. M. D. or other	15. Birthplace Maryland	
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	May 190 that of Distance	
22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide	A lt. md	
Date thereof Land (month) (say) (year) Accident, suicide, or homicide Date of	Address State Man 119	22. VIOLENCE: if death was due to external causes, fill in the following;
Cemetery or crematory Inlandation Where did injury occur? (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Mesons of injury Injured at work? 23. SIGNATURE M. D. or other	17 Date thereof us 30/	
Location Injured at home, farm, industry, public place (where?) 18. Funerat director Injury injured at work? Address 23. SIGNATURE M. D. or other	100000000000000000000000000000000000000	
18. Funeral director linjury Injury at work? Address Share Hill My 23. SIGNATURE M. D. or other	Cemetery or crematory	
Address Show Will my 23. SIGNATURE 23. SIGNATURE M. D. or other	Location July College De Son	
Address Show Will My Taylor 23. SIGNATURE John M. D. or other	18 Funerat director (VIII) O. Dansaux	Masas of Injury Injured at work?
23. SIGNATURE M. D. or other	1 1 11:11 ma	1 H / Man 1/110
1 10 1/14 29 10 47 many m. layton 1 7	Address Statute Nation 1114	23. SIGNATURE / Mar. 100.
	19. 1644.	177 61.11



2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

				100	۱
			0	O.L	
Reg.	Dist.	No.		55	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Worces CC	State Maryland County Words Lin.
(If outside city or town limits, write RURAL and give nearest town)	· (V2 0 · · · · · · · · · · · · · · · · · ·
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name wer.
3. (a) FULL NAME	3. (b) Social Security Number
Hester Elizabeth Froher.	3. (v) Social Security Itumber
4. Sex 5. Color or race () 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jenne white widow.	2D. DATE OF DEATH 4 July 1947 at 11 PM
6,(b) Name of husband or wife mitchel Fisher-	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age yeare	lee 1946 to 4 Inc. 1947
7. Birth date of	and that I last eaw h. 40 alive on 28 see 1947
deceased (mo., dey, yr.) 8. AGE: Yeare Months Days If less than one day	Immediate cause of death OURATION
70 1 14hrsmin.	Hypartines Cardio sand dum 14862
9. Birthplace(Town, conty, and state)	Due to
A	
1D. Usual occupation.	Due to
11. industry or businese	
12. Name. Thomas Javas. 13. Birthplace Manyland.	Other conditione
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. Elen Milvin. 15. Birthplace Mangland.	Major findings of operations
Ž 15. Birthplace .	
16. Informant Whealth	Antopsy results
Address Beilin md RFR	
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VfOLENCE: If death wae due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)
Location Display	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Manager M. Duddinge.	meanic of figure activity
Address Berling ond	231 SIGNATURE Wathanas V. Chernes
19. 7 - 7 Jelen F. Hayur	M. D. or other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sisterially important. Physicians: please write the causes of death clearly and legibly.

Sorrect age

VS A15

PLEASE WRITE



correct age

How long in above place of death?.....

How long in hospital or institution?....

Years

Months

3. (a) EULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

1D. Usual occupation. 11. Industry or business 12. Name

13. Sirthplace

14. Maiden na 15. Birthplace 14. Maiden name

Address

Cemetery or cremator

(Date rec'd by registrar)

8. AGE:

Hospital, institution, or street address where death oppdrred:

PLEASE

2411 N. Cha	rlea St., Baltimore	- UI
CERTIFICA	TE OF DEATH	Reg. D
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	

If less than one day

Days

(For newborn infants give residence of mother)		
State Maryland County Workesler		
City or town	write RURAL and give neare	st town)
Street No.	***************************************	
(If rural, give L	OCATION)	
2.(a) It veteran, name war		
	3. (b) Social Security No	mber
	non	1
MEDICAL CE	RTIFICATION	2.
7/13	19.47,2	1/20
21. I CERTIFY that death occurred on the date above		
afiril 274 184		
and that I last saw h.CMgalive on	22	19
Immediair cause of death		DURATION
Meluslista Ca	comme.	2
		4
Due to Carlesiana (- 1-Po	2 -
Due 10.		2

Due to		
Dither conditions CK Mysage	releter	
(Include pregradey within 3 mg	ele;	
(Include pregnatey within 3 me	onths of death)	- 1
Major findings of operations		
***************************************	Date of op	
Autopsy results		
PHYSICIAN: Please noderline the cause to whi	ch death should be charged sta	atistically.
22. VIOLENCE: It death was due to external cause	es, till in the tollowing;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (whe	re?)	
Meens of Injury	Injured at work?	
20	/. /	



Name, Mary Burrier Hurley
Died, July, 25-1947. 19
Native of Maryland Widowed Widow, Married or Single
Sex, Fernale
Sex, 1 it
Color, White
Age, 8/ Residence, Emmorton Md.
Residence, Esumorton ma.
Occupation, Housewife
Cause of Death, Cerebral Embolus
Father's Name and Nativity Ing a Burrier
american.
Marine Name of Nation Sanah, Trull
To Hy Me, Delaware
- W Thyma M Physician
July 25, 10 47
SABY VATE, Delaware
Interment at MI Curriel - Cumoun Ma
Undertaker, W. W. Ureher
Informant, Sadie H Magness

PHYSICIANS should state CAUSE OF DEATH mportant. See instructions on back of certificate.

CERTIFICATE OF DEATH 83% 06444

State File No.

STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS	Registrar's No. 183
1. PLACE OF DEATH: (a) County Worksfrr Hundred (b) City or Town. Frawick Fsland (c) No. Street (If death occurred in a hospital or institution, give its NAME instead of street and number) (d) Length of stay: In community Week In hospital or institution. (Specify whether years, months, days)	2. USUAL RESIDENCE OF DECEASED: (a) State Maryland (b) County Harford (c) Hundred, city or town (d) Street and No. A.F. T.
FULL NAME OF DECEASED / 17 17 10 10 10 10 10 10 10 10 10 10 10 10 10	orier running
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. 6. COLOR OR RACE 7. Single, Married, Widowed or Divorced (write the word)	21. I HEREBY CERTIFY, That I attended deceased from.
a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jumes P. Jurley	I last saw h alive on 19—19—19—19—19—19—19—19—19—19—19—19—19—1
AGE Years Months Days If LESS than 1 dayhrs.	The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Embolus Date of onset 7/25/47
10. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. 11. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2. BIRTHPLACE (city or town) (State or country) Franklinville MA 13. NAME John a Burrier	Contributory, causes of importance not related to principal cause Hr/evio Sc/evoSis
14. BIRTHPLACE (city or town) (State or Country) 14a. NATIONALITY, American	Name of operation Date of Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or Country) Cecil Country Md. 16a. NATIONALITY	22. If death was due to external causes (violence) fill in also the following Accident, suicide, or homicide?Date of injury19 Where did injury occur?(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Manner of injury
(Address) Dagie July hay hes.	Nature of injury
Date of Information July . 25-1947	23. Was disease or injury in any way related to occupation of deccased?
B. BURIAL, CREMATION OF REMOVAL Place Mt. Jargnel M. Date July 28194 D. UNDERTAKER W. Archen Address Berson Mid	7 If so, specify (Signed). W Jarrett Huml M. D. (Address) Delby VIIIC, Helaware
FILED. 7/24 19.47	Visilla towood Local Sub-Registrar
FILED	Local Registrar

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY

STANDARD CERTIFICATE OF DEATH

Statement of occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

10.—The trade, profession, or particular kind of work done.

11.—The industry or business in which the work was done.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular-kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular

kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthonia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause name other important diseases or injuries. Examples

causes of importance not related to principal cause, i	rathe other impo	realit diseases of injuries. Examples:	
Example I The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset	Example II The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	9 1915	Attack of epilepsy	. 1 week ago
Chronic interstitial nephritis	1924	Run over by street car	1 week age;
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:	
Fracture of arm	0.575,1275	Influenza	
Automobile Accident	May 3, 1927		6 weeks ago

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06445

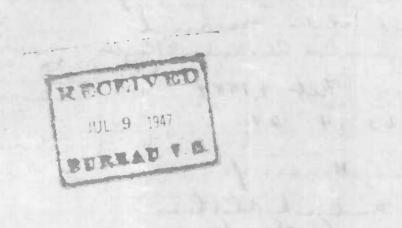
Reg. Dist. No. 35/

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Marylla - /
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Miles
How fong in above place of death? 34 HLass	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where doubt occurred:	Street No.
	(If rurai, give LOCATION)
How fong In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Janahla R Killian	222-10-4453
4. Sex 5 Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
M. 1 (1.0 + 1.0)	MEDICAL CERTIFICATION
male Twhile VA anied	20. DATE OF DEATH 19 4 21 3 M
Gthel N. Killman	21. I CERTIFY that death occurred on the dats above stated; that Mended deceased from
6,(b) Name of husband or wife	may 15 1947, 10 July 21 1947
7. Birth date of	and that I last saw h ann alive on July 15 18 47
deceased (mo., day, yr.) All. dd - 1890	Immediate squee of death OURATION
8. AGE: Years Months Cays If less than one day	
5% 6 29hrsmin.	Coronary Varionalous 12 hr
both Color la Doutetto he Mission	D. flan and and
9. Birthplace (Life of Manney and State) (Town, county, and state)	Due to according according
hoter	
11/1/3	Due to
11. industry or business	
12. Name Muldiday T. Albandon	Other conditions plealetes Wells tus unknow
14. Maiden name Jaffli Malhamin 15. Birthplace	(Include pregnancy within 3 months of death)
14. mailien name	Majnr findings of aperations
15. Birthplace	Date of op.
18. informant A.J.A.S. S. A. C. M. C. S. S. C. M. C. S. S. C. S. S. C. S.	Antapsy results.
Address Augustian 1	PHYSICIAN: Please underline the cause to which death shanld he charged statistically.
Vd 11 53 117	22. VIOLENCE: If death was due to external causes, filf in the following;
17. (Bnrian cremation, or removal, Which?) Ogie thereof. (mosth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Cemetery of Crematory	
Location January Control Location Location	fnjured at home, farm, todustry, public place (where?)
18. Funeral director of Allis R. Dassands	Moens of injury injured et work?
11999	(N) (St. 9.0
Address SubWIVER	23. SIGNATURE Caul Oley M. D.
19 1/2 3/ 1947 LEtay Swith	M. D. ogother
(Date rec'd by registrar) Registrar	Address Date signed 21/47

JUL 25 1947
BURLA : 8

rKEDK.OLDHAM, on file in BaltoCity Cer. of death of Many ANN OLDHAM, "IFE OF Verified by phone 7-24-47 TN. Department as of4-15-30. Verified by phone 7-24-47 TI MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If veleran, name wer..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., dey, yr.) Days Years Months 8. AGE: RESERVED (Town, county, and state) 1D. Usual occupation. MARGIN 11. Industry or businees 12. Name 77 13. Birthotace (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should he charged statistically. PLAINL' 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Meane of Injury SE Address Pate rec'd by registrar)



2411 N. Charles St., Baltimore

06447

CERTIFICA	TE OF DEATH Reg. Diat. No. 352	5
1. PLACE OF DEATH: Workstr County	Street No. G. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL HAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced hubband or wife. It do Landwick.	2D. DATE OF BEATH	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 3 9 6 9hrsmin	and that I tast saw h	·····
9. Birthplace Balting M. (Town, county, and state) 10. Usual occupation Shall metal worker 11. Industry or business	Due to.	
12. Mame May Sand well. 13. Birthplace Sermony. 14. Malden name Manie Elveling. 15. Birthplace Manyland,	Other conditions. (Include pregnancy within 3 months of death) Major findings of operations.	
16. taformant. Richard Handwills.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 17. Byrial, cremation, or removal, Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)	47
Location Court A Bubay	tnjured at home, farm, Industry, public place (where?) Meens of tnjury Injured at work?	
19. 7-12 Helen F. Hays	23. SIGNATURE TO LEASE LONG THE M. D. or other M. D. or other Address Deep Steel Med Date stened 7.1.1.	14

age



90-455-15 M

WS ALTO

MARYLAND STATE DEPARTMENT OF HEALTH,

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

© 6448 Reg. Dist. No. 350

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Wricesfer	n/: Magazin h
Cily or town Rusal Socomble City (If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, write KURAL and give hearest town)	City or town Mappoville Russel
How long in above place of death? 3 m/ks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
tred C. Mx	cars)
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
me sett wil al	
Male Mill Willowed	20. DATE OF DEATH
6.(b) Name of husband or wife Kate Savage Mears	21, I CERRIFY that death occurred on the date above stated; that I attended deceased from
	July 10 70 70
6.(c) tf alive, give ageyears	and that I last sawbe alive on 1967
7. Birth date of deceased (mo., day, yr.) Qual 26. 1881	
	Immediate cause of death
o. Adl.	melso demons
66 ,0 24hrsmln.	Mercasia Requarting
wordent Town Vai	
9. Birthplace / Journ / G. (Town, county, and state)	Due to
PI Tanasi	
10. Usual occupation de automotion de la company de la com	Due to
11. Industry or business	
= 12 Name Sloyd C Mears	Dther conditions.
	Diller Collections
13. Birthplace Accorded to. Va.	(Include pregnancy within 3 months of death)
14. Maiden name Law anne Littleton	
	Major findings of operations
\$ 15. Birthplace Modest topen 19.	Date of op.
16. Informant Mass. Clifford Mr. Nyden	Antopsy results
R. T. X. ()	PHYSICIAN: Please underline the eause to which death should he charged statisticalty.
Address Josoph offer City and	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Base thereof July 22, 1967	Accident, suicide, or homicide
(Burial, cremation, or removal. Whieh?)	
Cemetery or crematory Modest Town Class.	Where did Injury occur?
2. 1 1	Injured at home, farm, Industry, Bustle Blace (where?)
Legation Moderation	1 1 1 1 10
18. FURRIS director John Johnson Tre.	Means of injury Injured at work?
10: Foneral director	(S / toha
Address faiting, va.	23. SIGNATURE
() 1. 99 IT A week Mitte	29: 31BNATURE M: D: 8F 8EHEF
18. Marie resider residerati	Address free Charles Signed 7-74 47



MARGIN RESERVED FOR BINDING VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06449 Reg. Diat. No. 357

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
		es West of Snow Hill	State New York Count	ly	**************************************
		es West of Snow Hill	City or town Utica	write RURAL and give nearest	
How long in above place	of death?	d. th	(If outside city or town limits,	write RURAL and give nearest	town)
Hospital, Institution, or	street address where	deain occurred:	Street No. 2648 Sunset A	Venue	/
How long in hospital or	institution?No	ne -	2.(a) If veteran, name war. World W	ar 2	/
3. (a) FULL NAME				3. (b) Social Security Num	nber
Stanley	Clarenc	e MUNSON			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Married	20. DATE OF DEATH. July 2	19.47, 21	1015A
a di vi a di sala di	Mrs	Carolyn Howland	21. I CERTIFY that death occurred on the date above	e stated; that I attended deceased	from
MUNSON		6.(c) If alive, give age 25 years	2 July	47 to 2 July	19 4.7
7 Pieth date of	****************************		and that I last saw halive on		19
	.) Januar		Immediate cause of death INJURIE		DURATION
8. AGE: Years		Bays If less than one day	EXTREME		
26	5	1hrsmin.			
9. Birthplace	nada	county, and state)	Due to AIRCRAFT CRASH		***************************************
	(Lown,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10. Usual occupation	U. D. N	AVI	Bue to		
11. Industry or busines				***************************************	
12. Name .Alf	red E. H	Munson	Other conditions		
3. Birthplace Unknown		(Include pregnancy within 3 m			
置 14. Maiden nameUnknown					
14. Maiden name.	Unknown		Major findings of operations		
			Not Donfor		
16. Informant Na.V	y Health	Record	Actopsy results	ich death should he charged stat	istically.
Address Bure	au of Me	dicine & Surgery	22. VIOLENCE: If death was due to external caus		
17Remove	ning oon,	Date thereof	Accident, suicide, or homicide. Acciden	to Date of 7-	2-17
(Burial, cremation	of removal. Which?	(month) (day) (year)	Where did Injury occur? 4 miles W		
Cemetery or cremato	ry				
Location			Injured at home, farm, industry, public place (who		
40 F and dist	naval	Hospilal.	Means of Injury Fatal	Injured at work?	Yes
16. Puneral director		True outh Va	2013	angre	
Address	vor	sucount o	23. SIGNATURE S. C. BOSTI	C, Captain,	MC), USN
19 7/3	1947	Leton Smith		UE, Va Date signed 7	
(Date rec'd by ge	gistrar)	Registrar	Address		

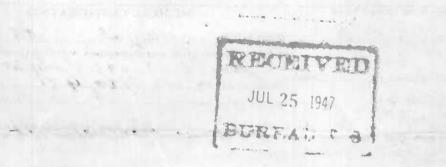


A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	TE OF DEATH Reg. Dist. No. 354
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RYRAL and give nearest town) Street No.
How long in hospital or Institution?	(If rural, give LOCATION) 2.(a) if veteran, name war.
3. (a) FULL NAME Mathamatical of maintains and the mathamatical of the mathamatical o	3. (b) Social Security Number
Nemale White Wildowed or divorced Nemale White Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Quely 20 194 7 21 10 140 Q
8.(b) Name of husband or wife	21. I CERTHY that death occurred on the sate above stated; that I atlended deceased from
7. Birth date of deceased (mo., day, yr.)	and 1hh/1 last saw h.C.z. alive on 7/20/10/10/10/10/10/10/10/10/10/10/10/10/10
8. AGE: Years Months Days If less than one day hrs	Durinome branchial sleft
1D. Usual occupation Administration	Due to
11. Industry or business 12. Name	Dther conditions
13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace	(Include pregnancy within 3 months of death) Majur findings of uperations
18. Informant 19 11 15 15 15 15 15 15 15 15 15 15 15 15	
Address 17. Date thereof. (month) (day (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory A Malle Co. Text. Location Sanda Halle Malle Mall	Where did injury occur?
18. Funeral director	Meens of Injury Injured at work? Head, O Granne M 10
19. Mary W. Lay lo Registrat)	



WRITE

PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06451 Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Works w.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Ocean Cal	State County World Les
(If outside city or town limits, write RURAL and give nearest town)	City or town OCL CL
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Amme Jane Carker.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tende white married	, 20, DATE OF DEATH
H. A. P. T.	
6.(b) Name of husband or wife	275 I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.)	and that I last sew h
8. AGE: Years Months Days If less than one day	Immediate cause of death
73 2 26hrsmih.	A STATE OF THE STA
24 0 /	
9. Birlhplace	Due to.
2/1	Typiallaceur - Maris Selamos 24cm -
1D. Usual occupation	Due to
11. Industry or business	
12. Name William H. Agailalle 13. Birthplace Mouleud.	Other conditions
I 13. Birthplace Monglemd.	
# 14 Maiden name Mary Elizabeth Brillenland	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace	Date ot op.
16. Informant Mrs. Curry J. Carles	Autopsy results
Address Ocean Pit mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
3-17110147	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, sulcide, or homicide
Cemelery or crematory Design 12	Where did injury occur?
Bull	
Location Y	Injured at home, tarm, Industry, public place (where?)
18. Funeral director A Bullet	Means of Injury Injured all work?
Address Berlin n. 1	-VI-1 1XCT
AUGUESS A A A A A A A A A A A A A A A A A A	p3. SIGNATURE M. D. or other
19 7-7- 1947 Helen 4. Haywar	a little
(Date rec'd by registrar) Registrar	Address Date signed



PLACE OF DEATH.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
	2411 N. CI	harles St., Baltimor		1316

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06452 Reg. Dist. No. 350

County	(For newborn infants give residence of mother) State. Maryland County Worcester City or town Pocomoke City R.F. D. 2 (If outside city or town limits, write RURAL and give nearest town) Street No.
Now long to hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Vera Purnell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widow	20. DATE OF DEATH July 22 1947 21 5 pm M
6.(b) Name of husband # #if. Fred Purnell 7. Birth date of decessed (mo., day, yr.) Feb, 12. 1910	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10
8. AGE: Years Months Days If less than one day	La Replacies 30
9. Birthplace Worcester Co, Maryland (Town, county, and state) 10. Usuat occupation House Wife 11. Industry or business 2	Due to
14. Malden name Shera Brittingham 15. Birthplace Worcester Co, Maryland 16. Informant Mervin Purnell	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mervin Purnell	Autopsy results.
Address Pocomoke City. R. F. D. 2	PHYSICIAN: Please underline the cause to which death aboutd be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Mt. Sinia Baptist Church Centection Location Wardtown. Worcester Co., Md. 18. Funeral director. Address Pocomoke City. Maryland	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Oste rec'd by registrar) Registrar	Address Date signed

HIASE SO STANISHE

Section Lines

JUL 26 1047

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Rog. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother). State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war.
3. (a) FHILL NAME Lillia Schoolfield, widowed, or divorced	3. (b) Social Security Number
Fundo Cost. marris 6,(6) Name of husband or wife Gulie Schoolfield	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that i allended decaaeed from 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Observed So	and that I last saw h
9. Birthpiace	Due to
11. Industry or business 12. Name	Other conditions
14. Maiden name Sarah & Currell 15. Birthplace 16. Informant Elizabeth Address Address	Major fiadings of operations
17. (Burial, tremation, or removed. Which?) Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Dervarke Mg R & D- 18. Funeral director Branch R. Berriberge Address Berrie Drek	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? Injured at work?
19. 7/2 of 19 47 Reconstruction (Date rec'd by registrar) (Date rec'd by registrar)	Address Quose Vie 7/5 hate signed 7/27/4/7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



1-15

Lak & Lorente

CERTIFICATE OF DEATH

100		
		20
	Reg. Dist	. No. 25

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: After newborn infants give(residence of mother)
County	Mary Mark Callyna
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mill County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh? Hospilal, Institution, or street address where death occurbed:	4
	Street No
	2.(a) It veleran, name war
Now long in hospital or institution?	
3. (a) FULL NAME Odward Schultheis	3. (b) Social Security Number
4. Sex S. Color or race 6/(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH July 8 19.47 21 8.45A
March Bo Sal Attain	21. I CERTIFY that death occurred on the date above stated; that attended doceased from
6.(b) Name of husband or wife.	7AM July 8 1947 10 8 43 Mm July 8 1947
S.(c) It alive, give age	
7. Birth date of deceased (mo., day, yr. Ally 27 - 1892.	, / /
8. AGE: Years Months Days It less than one day	Immediate gause of death DURATION
o. Add.	Cardiac failure. 2 Hr.
3 4 11mirsmir	
9. Birthplace I was sorbilletts. 1. as.	Due to Clarte Cormany & clava 2 Nt.
(Town, county), and state)	
10. Usual occupation Module Sufficient	Due to The paylesine (dediorascular 10 yr
11. Industry or business	Trenal disease
# 12 Name Rearge Schultheis	Dther conditions
	(Include pregnancy within 8 months of death)
불 14. Maiden name	Major findings of aperations.
14. Maiden name	Date of op.
Made achuttheir	Autopsy results.
16. Informant J. IV. S. C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 9 Mary St. Willsmill, 115	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Wantowall Thereof July 12/49	
(Burla cemation, or removal, Which) (month) (day) (year)	Acceptant Control of the Control of
Cemelery or cramatory NOTE QUILLY	Where did injury occur?
Location Willsville M. M.	Injured at home, farm, industry, public place (where?)
	Means of Injury Thjured at work?
16. Funeral director. LLDM C Markous	1111
Address Show Will, MC	1 d. D. Xa Man M.
7/d 17 80 1 Th	23. SIGHATURE M. D. or other
19. 19/ PETEL SULLA	at Address Snau Hill Date signed 7-8-4

VS A35



2411 N. Charles St., Baltimore

183

06455

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: County Cou		
State County	LATERAL AL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The control of the property of the data above stated. That I state and described the property of the data above stated. That I state and described the property of the data above stated. That I state and described the property of the data above stated. That I state and described the property of the data above stated. That I state and described the property of the data above stated. That I state and described the property of the data above stated. That I state and described the property of the data above stated. That I state and described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described the property of the data above stated. That I state add described described add that I state above the property of the data above stated. That I state add described described described above stated. That I state add described described described described add that I state above the property of the data above stated. That I state add described describe	County N 4 TC - D44 (725 VIII)	1 Pierra
Street Rs. 1 Ciff rarry, gree LOCATION 3. (c) FULL NAME 3. (c) FULL NAME 3. (c) FULL NAME 4. See S. Color or race S. (c) Single-married, videwed, or divorced with the street of the date above tabled, that lattended deceased from the date of the date above tabled, that lattended deceased from the date of the date above tabled, that lattended deceased from the date of the d	Medicide situar town light burite black and give nearest town)	City or town Value
How toog in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Start Score roce 6. (c) Singer, married, videred, or divorced 5. Color or roce 6. (c) Singer, married, videred, or divorced 8. (c) Halles, give ago 7. Settle date at color of the date above stated; that a stronged deceased from the date of the start and that a stronged deceased from the discovered (mo. day, ry.) 7. Settle date at color of the date above stated; that a stronged deceased from the date of the start above stated; that a stronged deceased from the date of the start above stated; that a stronged deceased from the decease (mo. day, ry.) 8. AGE: Tears Meaths Days It test than one day the start above stated; that a stronged deceased from the decease of feeth of the start above stated; that a stronged deceased from the decease of feeth of the start above stated; that a stronged deceased from the decease of feeth of the start above stated; that a stronged deceased from the decease of feeth of the start above stated; that a stronged deceased from the start above stated; that a stronged deceased from the start above stated; that a stronged deceased from the start above stated; that a stronged deceased from the start above stated; that a stronged deceased from the start above stated deceased from the start above st		(If outside city or town lishits, write RURAL and give nearest town)
3. (a) FULL NAME 1. Sex 5. Color or race 6. (a) Single-pararied, widewed, or diversed 2. LORING of DEATH 2. LORING the data above states: that I attended deceased trom 2. Burth data or deceased (no., day, yr.) 3. Burth data or deceased (no., day, yr.) 4. Sex 5. Eirich data or deceased (no., day, yr.) 5. Burthplace 6. (c) It alive, give age. 7. Burth data or deceased (no., day, yr.) 8. AGE: Vera: Meaths 9. Burthplace 9. Burthplace 10. Usual occupation 11. Indeutry or business 12. Name 13. Burthplace 14. Maiden name 15. Burthplace 16. Informati 17. Burth data or operations 18. Burthplace 19. May or death 19. May or findings of operations 19. May or findings of operations 19. Sex of operations 19. Sex of the data above states: that I sattended deceased trom 19. May or findings of operations 19. May or findings of operations 19. Sex of the data above to which death should be charged statistically. 22. VIOLENCE: It death was due to external cases, till in the following: 19. May or findings of operations 19. Sex of the data was due to external cases, till in the following: 19. May or findings of operations 19. Sex of the data was due to external cases, till in the following: 19. May or findings of operations 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 19. Sex of the data was due to external cases, till in the following: 20. Signature of the data was due to external cases, till in the following:		(If rural, give LOCATION)
4. Sex 5. Color or race 8. (a) Single, married, widowed, or diversed 8. (b) Rame of hysband or wife. 20. DATE OF DEATH 21. I CERTIFY that death above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the deceased (mo., day, yr.) 8. A GE: Vears Months Upys It test than one day 10. Usual occupation 11. Industry or buttness 12. Rame 12. Rame 13. Ethiplace 14. Madden name 15. Industry or buttness 15. Ethiplace 16. Industry or buttness 17. Ethiplace 18. Industry or buttness 19.		2.(a) It veteran, namo war Works Wave Z
8. (O) Name of hurband or wife. 8. (O) Name of hurband or wife. 9. (C) Name of hurband or wife. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace. 14. Maiden name. 15. Birthplace. 15. Birthplace. 16. Informat 17. Birth date of business 18. Landstry or business 18. Landstry or business 19. Landstry or business 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace. 14. Maiden name. 15. Birthplace. 16. Informat 17. Description. 18. Eventual occupation. 19. Landstry or business 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace. 14. Maiden name. 15. Birthplace. 16. Informat 17. Description. 18. Eventual occupation. 19. Landstry or business 19. Landstry or business 19. Landstry or business 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace. 14. Maiden name. 15. Birthplace. 16. Informat 17. Description. 18. Eventual occupation. 19. Landstry occupation. 1	1 1 7	3. (b) Social Security Number
8. (a) Name of husband or wife 8. (b) Italies, give ago 9. Sirthplace 9. Sirthplace 10. Usual occupation 11. Industry or business 12. Name 13. Sirthplace 14. Maiden name 15. Sirthplace 16. Italormant 17. Sirth date of decased (mo, day, yr.) 18. Handen name 19. Sirthplace 19. Usual occupation 19. Sirthplace 10. Usual occupation 10. Italormant 11. Industry or business 12. Name 13. Sirthplace 14. Maiden name 15. Sirthplace 16. Italormant 17. Marie (module) (sp.) (ym.) 18. Sirthplace 19. Sirthplace 19. Sirthplace 10. Italormant 10. Major findings of operations 11. Industry or business 12. Violence (module) (sp.) (ym.) 13. Sirthplace 14. Maiden name 15. Sirthplace 16. Italormant 17. Sirth date house to which death should be charged statistically. 18. Funeral director (manual) (sp.) (ym.) 19. Sirthplace (manual) (sp.) (ym.) 19. Sirthplace (manual) (sp.) (ym.) 10. Sirthplace (manual) (sp.) (ym.) 11. Industry or business 12. Violence: It death occurred which death should be charged statistically. 18. Funeral director (manual) (sp.) (ym.) 19. Sirthplace 19. Sirthplace 10. Sirthplace 10. Sirthplace 11. CERTIFY that death occurred which date should decased from the case of Jack the content of Jack the content of Jack the content of Jack the case of Jack the	4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (c) Hame of hubband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Months Days It less than one day 9. Birthplace 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 17. Months 18. The months of death) 18. Incompliance cause of death 19. Due to. 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 17. Months 18. Incompliance cause of death 19. Due to. 11. Industry or business 11. Control of the date above stated: that I attended deceased from 18. Incompliance on 18.	ne e p.	20. DATE OF DEATH July 24 19 45 7 at 4 12 M
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Vears Months Days It less than one day 9. Sirthplace	8. (b) Name of husband or wife	
1. Birthplace Working County, and state) 9. Birthplace (Include programery within 3 months of death) 10. Usual occupation (Include programery within 3 months of death) 11. Industry or business (Include programery within 3 months of death) 12. Birthplace (Include programery within 3 months of death) 13. Birthplace (Include programery within 3 months of death) 14. Maiden name (Include programery within 3 months of death) 15. Birthplace (Include programery within 3 months of death) 16. Informant (Include programery within 3 months of death) 17. Personal (Include programery within 3 months of death) 18. Funeral director (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 10. Usual occupation (Include programery within 3 months of death) 11. Industry peaks and of include programery within 3 months of death) 12. Volume (Include programery within 3 months of death) 13. Birthplace (Include programery within 3 months of death) 14. Maiden name (Include programery within 3 months of death) 15. Birthplace (Include programery within 3 months of death) 16. Informant (Include programery within 3 months of death) 17. Personal (Include programery within 3 months of death) 18. Funeral director (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within 3 months of death) 19. Volume (Include programery within		19to
S. AGE: Years Months Days It less than one day S. Birthplace	2 0. 11 1-1-1	
9. Birthplace		Immediate cause of death OVANTION
9. Birthplace	2/00/9hrsmln.	
Due to. 11. Industry or business (1). P. Magny 12. Name. 13. Birthplace Cuttury (1) 14. Malden name. 15. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. 16. Informant (1). S. Warry Health (2). Address 17. Personal (Barbon (1)) Chieffer of Trematory (1) Location (County) (State) 18. Funeral director Mad (2) Address (Clive or town) (County) (State) 18. Funeral director Mad (2) Address (Clive or town) (County) (State) 19. Funeral director Mad (2) Address (1) Address (Clive or town) (County) (State) 19. Funeral director Mad (2) Address (1) Means of Injury (1) Means of Injury (1) Means of Injury (1) M. D. or other	9. Birthplace Warfoll Va.	
11. Industry or business 12. Name 12. Name 13. Birithplace 14. Malden name Alice The Major findings of operations. 15. Birithplace 16. Informant Address 17. Personal (Breind greening of operations) 18. Funeral director Major findings of operations. 19. Where did injury occurry and the place of the policy of the p	M. S. New	
13. Birthplace Culturary 14. Maiden name Alice & Date of operations 15. Informant Address 16. Informant Children removal, Whitehold County (County) (County) Children removal, Whitehold County (County) (State) Location 18. Funeral director And Address Address Climeotecague, Va. Address Climeotecague, Va. 23. Signatura Other conditions (Include pregnancy within 8 months of death) Major findings of operations (Include pregnancy within 8 months of death) Major findings of operations (Include pregnancy within 8 months of death) Major findings of operations Date of op. (Include pregnancy within 8 months of death) Major findings of operations PHYSICIAN: Please maderline to cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in typ following; Accident, suicide, or hamicides City or town) (County) (State) Means of Injury (City or town) (County) (State) Means of Injury (City or town) M. D. or other	7. 5 7.	
14. Malden name Alice Following 15. Birthplace Control of the programme Control of the pro		
14. Malden name 15. Birthplace 16. Informant Address 17. Cemetery of clematory Location 18. Funeral director Address 19. Survey Address Major findings of operations Address PHYSICIAN: Please maderline tho canve to which death should be charged statistically. PHYSICIAN: Please maderline tho canve to which death should be charged statistically. PHYSICIAN: Please maderline tho canve to which death should be charged statistically. PHYSICIAN: Please maderline tho canve to which death should be charged statistically. PHYSICIAN: Please maderline tho canve to which death should be charged statistically. PHYSICIAN: Please maderline tho canve to which death should be charged statistically. City of the pajor of the plants of the plants of	3. Birthplace Zrekrever	
Address 17. Personal (Norther, security) 18. Funeral director Address Address 19. Constant Address 19. Constant Consta	14. Maiden name alice F Plans.	
Address 17. Personal (Norther, security) 18. Funeral director Address Address 19. Constant Address 19. Constant Consta	15. Birthplace Louisever and Ot	
Address PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or hamicide. Cemetery of crematory. Location. Location. 18. Funeral director. Proc. Address Cleinesteague, Va. Address Cleinesteague, Va. Means of Injury Army Industry, public place (where?) Means of Injury Army Injured at work? 23. Signature. 23. Signature. 24. Signature. M. D. or other	U.S. henry theath, Gold	W Come
Dale thereof	Address	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
County of County (State) Location 18. Funeral director. N. Q. Q. S. Signature of the state of	12 Renoval Palo thorast 7/2 5/47	acard. The process of
Location thijured al home, tarm, industry, public place (where?) Means of Injury Drown thijured at work? Address Clinicateague, Va 7/25 1.47 2.47 2.47 2.47 2.47 2.47 2.47 2.47 2	(Rerial orematics or removal. Which (month) (day) (year)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
18. Funeral director. M. a.	Cémétery of Crematory	(City or town) (County) V (State)
Address Climesteague, va 10. 7/25 1947 RED Swith 23. SIGNATURE Ohn X, Rely Defo. New Encure	2001	RA
7/2 of 1947 Report Scient 23, SIGNATURE ALL K, July 2015 M. D. or other	77	Charles of tolars of the second of the secon
10 7/257 147' RELECTION AND OF OTHER	Address Churcoleague, 0=	23. SIGNATURE Star X, Kaley Defo. Me Exouen
	19. 7/2 J. Registrary 1947 Ret Deg Streeth	

THE RESERVE OF THE PROPERTY OF

JUL 28 1947 BUREAU CA

.

rec	OBKIII IOAI	Reg. Dist. No.
ly.	1. PLACE OF DEATH: Warcister	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resigence of mother)
E	Cliy or town. (If outside city or town limits, write RURAL and give nearest town)	State Many County A Oscillo
nd l	(If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?	City or town. (1f outside city or town limits, write RURAL and give nearest town)
refu ly a	Hospital, inslitution, or street address where death occurred:	Street No.
ion carefully.	How long In hospital or Institution?	(If rural, give LOCATION)
tion h c	9	2.(a) If veleran, name war
ormation death cle	3. (a) FULL NAME / arriett Shences	3. (b) Social Security Number
inf	4. Sex 5. Coldr or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
causes	Trinale baland widowed	20. DATE DE DEATH. 20. 3. A
e	8.(b) Name of husband or wife	21. I CERTIFY/that death occurred on the date above stated; that I oftended deceased from
every ite th	8.(c) If alive, give ageyears	0/1/4/19 19 10 10 17/4/11 19
ev	7. Birth date of deceased (mo., day, yr.) and by - 1853	and that flast saw h. Prailive on 18
ply w	8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
Supply evelease write	42 3 3hrshrs.	Hy flex Hussate Mayo the dated sulling
ple	Mindlotice, Unterester md	Day to
NK IS:	9. Birthplace (Town, county, and state)	Due to.
G I	10. Usual occupation	Due to.
ADING INF Physicians:	11, industry or business	
AD	12. Kame mknown	Other conditions
P. T.	X 13. 8irthplace Jt	
WITH UNI	14. Malden name Instanton	(Include pregnancy within 3 months of death) Major findings of operations
WITH	15. 81-thplace	Date of op.
>	18 Internal Mise Sertual Collins	Autopsy results
AINLY	Address Suppl Wilk md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINL s especia	Address Shiph Made, 149	22. VIOLENCE: If death was due to external causes, till in the tollowing;
PLAs es	(Burial, cremation, or remayal, Which?) Date thereot. (month) (day) (fear)	Accident, suicide, or homicide
H.g 臼	Cemetery or crematory Calculaters	Where did injury occur?
WRIT	Mill ma	Injured at home, farm, Industry, public place (where?)
	Location DA	Means of Injury Injured at work?
ASE	Address Address	(X) (A, TID
PLEA	2/2/ C.7 8 1 10	23. SIGNATURE M. D. or other
PI	19. (Date rec'd by registrar) 19. C. Registrar	Address Stows Hell Bate signed 7/9/
		1117

AMARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Concess to:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
0 1 0 1 9 4 2	State Med county Wiresler
(If outside city or town limits, write RERAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above piace of death?	
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If vetaran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
maria Himas	
4. Sex 5. Color or raca 6.(a) Singla, married, widowed, or divorced	MEDICAL CERTIFICATION
Husly Evelved marine	20. DATE OF DEATH Quely 17 19 47 21 1030 PM
Maria Dione	21. I CERTIFY that death occurred on the data abova stated: that I alterdad dacaasad from
6,(b) Nama of husband or wife	Tuarch 12 1,47 10 July 17 1,41
T. Birth data of	and that flast saw h ex alive on Wording 47
decaased (mo., day, yr.) Nec. 26, 1888	Immediain cruse of duch 2 at advance of guration
8. AGE: Yaars Months Days If less than one day	moprable Par curama of 41/2 year
58 6 21 hrs. min.	nt. I breast.
9. Birthplace (Town, county, and state)	Dua 10.
10. Usual occupation) Louisewfe.	·
11. Industry or business	Due to
12. Nama	Dthar conditions
A CONTRACTOR OF THE PROPERTY O	(Include pregnancy within 3 months of death)
HI 14. Maidan name 15. Birthplaca	Major findings of operations
∑ 15. Birthplaca	Data of op
16. Informant the state of the	Autopsy results.
Address Bulin md R7D-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burn D. Date thereof 7/19/ 17.	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accidant, suicide, or homicide
Cemetery or cramatory	Whera did Injury occur?
Location 13ch md	Injurad at home, farm, Industry, public place (whera?)
A B . 1.	Means of Injury Injured at work?
18. Funeral director	20/
Address	13. SIGNATURE TOURS TO THE STATE OF THE STAT
1. 1-19 1. Telen J. Hanwar	Of Down (To) M. D. Worth 19 47
(Date ree'd by registrar) Registrar	Address Dala signed

FOR BINDING MARGIN RESERVED PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE, WRITE

JUL 23 1947

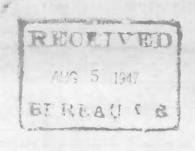
2411 N. Charles St., Baltimore

06458

CERTIFICATE OF DEATH

351 Reg. Diat. No....

City or fewn (If outside city or town limits, write HURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County Wolf Market
(If outside city or town limita, write HURAL and give nearest town) How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME OCAN 4. Sex 6. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Themale Palary Constitution of the state of	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) March 10 — 1947 8. AGE: Years Months Days If less than one day 21	Immodiste cause of death DURATION
9. Birthplace Serliss W. Olcuster M. C. (Town, county, and state)	Due fo
10. Usual occupation	Due to
12. Name Otho Jingle 13. Birthplace W On Lond	Other conditions
E 14. Maiden name Maldel Dunel	(Include pregnancy within 3 months of death) Major fiadings of operations.
18. Informant Malle Single	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Dunial (Burial, cremation, or renoval, Which) Date thereof (month) (dgs) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory A Selles Location Blying M Prince #3	Where did injury occur?
1B. Funeral director Lelian & Limins	Means of Injury Injured at work?
Address Show Nills Mg	23. SIGNATURE John F. Tilly Jef. Mes Exam. M. D. or other
19. (Date ree'd by registrar) Registrar	Address Shrow Tell MA Date signed 7/31/47



roct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	County County (If outside city or town limits, write RURAL and give near cown) Street No
(Whheres) Whather Tul	3. (b) Social Security Number
4. Sex 5. Color of race 6.(6) Single married, widowed, or divorced Male Color of the color of t	MEDICAL CERTIFICATION 20. DATE DF DEATH
	Jan 46 10 47 10 mby / 5 18 41 7
7. Birth date ot	and that I last saw h. the alive on fully /2 th 19 45
deceased (mo., day, yr.) Mary 2 - 0 6 5 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
81 2 9nrsmin.	C. my carlets DX
8. Birthplace Polanie Cata Workester Co Med (Town, country, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name Parkes Lull 13. Sirtholace Paraska City Homeontes	Biher conditions Calledon Sundan
13. 8irthplace Palamaka City Workerles	(Include pregnancy within 3 months of death)
14. Maiden name Attantion of the Attanti	Major fiudiugs of operatious
2 15. Birthplace New Church accomac?	Date of op.
16. Informant Charles Turk	Autopsy results
Address RJB2 Box 67 Volomo Be City MA	22. VfOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof, Lindy (Month) (day) (year)	Accident, suicide, or homicide
11 - (V2d4 - PV	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Total Control	Injured at home, farm, Industry, public place (where?)
18. Funeral director Character Land	Msans of Injury tnjured at work?
Address Marion Md.	1/ astories,
19 July 15 19 47 anne Thete Registrar	Address ocomore ely Mais signed 65/4.



9-45-15M

A15 SA PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(16461) Reg. Diat. No. 350

County	City or town
3. (a) FULL NAME Harold T. Wills	1 a /2 \ 0 \ 1 \ 0 \ 1 \ N \ 1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White married	MEDICAL CERTIFICATION 20. DATE DE DEATH. July 10 1947 21/0 Pm
6.(b) Name of husband or wite	21. I CERTLY that death occurred on the date above valed; that I attended deceased from 1947
10. Usual occupation	Other conditions
14. Maiden name Dirainia 15. Birthplace Virginia 16. Informant Diss Birthis Wilherson Address Rival Pocomoba Tord	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing;
11. Bate thereof (Burial, cremation, or removal. Which?) Cemetery or crematory Location Date thereof (monup (day) (year) Location Date thereof (monup (day) (year) Date thereof (monup (day) (year))	Accident, suicide, or homicide
18. Funeral director Alexand Address Porcognology The The Total Control of the Co	23. SIGNATURE. M. D. or other Address. Date signed 7-1/

RECEIVED

JUL 14 1947

BURBAU 5-8